

State of Maine

Dept. of Defense, Veterans and Emergency Management

MAINE EMERGENCY MANAGEMENT AGENCY

Hazard Identification and
Vulnerability Assessment
for Local/County Governments

WORKBOOK

October 2000

Hazard Identification and Vulnerability Assessment

Workbook for Local/County Governments

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State of Maine
Department of Defense, Veterans and Emergency Management
Maine Emergency Management Agency

Hazard Identification and Vulnerability Assessment for Local/County Governments
Foreword

In January 1985 the Federal Emergency Management Agency (FEMA) introduced Civil Preparedness Guide (CPG) 1-35, Capability and Hazard Identification Program (CHIP). The CHIP database underwent an evolutionary process in which questions were added and modified, and superfluous and unused data eliminated. Emphasis was increasingly placed on the creation of an automated nationwide database. The 1995 generation of CHIP carried this trend toward automation to such an extent that all ability to adapt the CHIP to the individualized situations at the local jurisdiction level had been culled from the document.

In 1997, to correct this deficiency, MEMA created this workbook, which closely follows the federal guidance but also includes the information MEMA considers essential to determine which *significant hazards* may affect the community. This determination of significant hazards is the basis for all emergency and mitigation planning in each jurisdiction. This workbook was updated in 2000 to eliminate the division of hazards into *Natural* and *Technological* and to add several hazards to be assessed.

We have also added:

- ! columns to add other hazards not on the FEMA/MEMA list;
- ! a simplification of the vulnerability rating for each hazard;
- ! instructions on what to do after identifying the existing significant hazards;
- ! guidelines on how to write the Hazard Identification Report required in the Basic Plan section of the Emergency Operation Plan (EOP).

The significant hazards identified by this workbook can also become the basis for mitigation planning in your jurisdiction. Mitigation actions are those that a community can take to lessen or eliminate the impact of these hazards on their citizens and property.

Our hope is that you will find this system useful in your planning and mitigation activities.

Workbook Instructions

This rating of hazards should be done by a panel made up of members of the jurisdiction's planning team. **It is not intended to be completed by one person working alone.** A copy of the State of Maine Hazard Identification Report may be requested from your County EMA Office.

1. Fill out the Jurisdiction Description form on page vii.

community that must be addressed in your Emergency Operations Plan.

2. Go to the Hazard Identification and Rating section on page 1.

4. Make a copy of the completed workbook:

3. Fill out the Rating Chart:

- Begin with the first hazard. If you answer “YES”, the hazard could affect your jurisdiction, continue answering questions 2, 3, 4, and 5 in that row.

- Local jurisdictions: Send a copy to your County EMA Office

- If your answer is “NO” to question #1, continue down the page to the next hazard.

- County EMAs: Send a copy to MEMA

NOTE: If you gave a moderate or higher rating to question #2, you must periodically reassess conditions #3 and #4, even though they are currently not a threat, so as to take into account changing conditions—such as new construction—in the area.

5. Write or update the Hazard Identification Report for your Community Plan. (See page 13.)

6. Write or update the community's Emergency Operation Plan.

7. Each year review all hazards to assess changes in hazard risk and vulnerability.

8. Make necessary changes to your EOP as required by changes in your risk assessment.

If you have answered “yes” to either question #3 or #4, *you have identified a significant hazard to your*

Jurisdiction Description

1. Jurisdiction name:

Town, City, or County
2. Name, address, and telephone number of emergency management organization:

Organization Name

Street Address

Mailing Address

City

State ZIP Code
(____)

Telephone Number
3. Name, title, and telephone number of person responsible for coordinating emergency management activities:

Name

Title
(____)

Residential Telephone Number
(____)

Work Telephone Number
(____)

Fax Number

E-Mail Address
4. Do significant daily or seasonal peaks of population occur in the jurisdiction?

☐ Yes
☐ No
5. If Yes to question 4, enter an estimate of the population total at its peak:

Daily:_____
Spring:_____
Summer:_____
Fall:_____
Winter:_____
6. Emergency Program Manager:

☐ Paid full-time
☐ Paid part-time
☐ Volunteer
7. Number of other Emergency Program Staff:

☐ Paid full-time
☐ Paid part-time
☐ Volunteer
8. Names of members of the Planning Team filling out this report:

HAZARD IDENTIFICATION AND RATING

HAZARD NAME NOTE: All hazards marked by an asterisk (*) could be caused by a terrorist event.	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
AVALANCHE* Mass of sliding snow occurs in mountainous terrain where snow is deposited on slopes of 20 degrees or more.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BLIGHT/ INFESTATION* An adverse environmental condition caused by disease, weather, or insects.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BUILDING OR BRIDGE COLLAPSE* Loss of structural integrity of bridges resulting in significant personal injury or economic loss.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CIVIL/POLITICAL DISORDER* Certain types of facilities, such as government buildings, schools and universities, military bases, nuclear power facilities, abortion clinics, work sites, mass-gathering places, and correctional facilities are more vulnerable than others.	ARMED CONFLICT Conventional Warfare Militia Action <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
CIVIL/ POLITICAL DISORDER* (con't.) NOTE: All hazards marked by an asterisk (*) could be caused by a terrorist event.	DEMONSTRATION A public protest. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ECONOMIC EMERGENCY Loss of personal, governmental, or commercial economic stability. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	HOSTAGE INCIDENT Person or group held as security pending the fulfillment of certain terms. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	RIOT/VIOLENCE A violent public disturbance by one or more individuals. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
CIVIL/ POLITICAL DISORDER* (con't.) NOTE: All hazards marked by an asterisk (*) could be caused by a terrorist event.	STRIKE/LOCKOUT A work stoppage to protest or influence work practices. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	SABOTAGE Intentional destruction of property or obstruction of normal operations. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	WEAPONS OF MASS DESTRUCTION Biological Nuclear Incendiary Chemical Explosive <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONTAMINATION OF FOOD/DRINKING WATER/AIR/SOIL* The accidental or deliberate introduction of dangerous substances into food, beverages, medications, water, and other ingested products.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
DAM FAILURE* Downstream flooding due to the collapse or failure of an impoundment. Risk area is the downstream inundation area as mapped by the Corps of Engineers, State/local agencies, or dam owners/operators.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DROUGHT Prolonged period without rain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
EARTHQUAKE Sudden motion of the ground which may result in surface faulting (ground rupture), ground shaking, and ground failure. NOTE: Maine Geological Survey says all of Maine is a Moderate risk for Earthquake.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Moderate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ENERGY SHORTAGE* A significant shortage of any energy resource or the inability to pay for high priced energy resources, which results in a loss of fuel supplies for space heating, emergency and health care service; thereby endangering both life and property.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
EPIDEMIC/DISEASE* A widespread outbreak of contagious disease.	Human <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Animal <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
EROSION/COASTAL EROSION To wear away, as in the abrasion or rubbing by wind or water.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
FLOOD*	<u>Riverine:</u> Periodic overbank flow of rivers and streams. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Flash:</u> Quickly rising small streams after heavy rains or rapid snow melt. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
FLOOD* (cont.)	<u>Urban:</u> Overflow of storm sewer systems, usually due to poor drainage, following heavy rain or rapid snow melt. [] Yes [] No	[] Low [] Moderate [] High	[] Yes [] No	[] Yes [] No	[] Yes [] No
HAZARDOUS MATERIALS INCIDENT—FIXED FACILITY* Uncontrolled release of hazardous materials from a fixed site. Jurisdictions with hazardous materials fabrication, processing, and storage sites; and hazardous waste treatment, storage, or disposal sites are at risk.	[] Yes [] No	[] Low [] Moderate [] High	[] Yes [] No	[] Yes [] No	[] Yes [] No
HAZARDOUS MATERIALS INCIDENT—MARINE OIL SPILL* Released petroleum product or other oil into or onto the ocean or any body of water which might flow into the ocean.	[] Yes [] No	[] Low [] Moderate [] High	[] Yes [] No	[] Yes [] No	[] Yes [] No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
HAZARDOUS MATERIALS INCIDENT—TRANSPORTATION* Uncontrolled release of hazardous materials during transport.	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Pipeline: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pipeline: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Pipeline: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pipeline: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pipeline: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Port: <input type="checkbox"/> Yes <input type="checkbox"/> No	Port: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Port: <input type="checkbox"/> Yes <input type="checkbox"/> No	Port: <input type="checkbox"/> Yes <input type="checkbox"/> No	Port: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No
HURRICANE/TROPICAL STORM Large cyclonic storm accompanied by high winds, extreme rainfall, and storm surge. Includes summer Coastal Storm.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
LANDSLIDE* A mass of sliding earth, mud, or rock.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
POWER/ UTILITY FAILURE* Interruption or loss of services for an extended period of time. (Gas, oil, electricity, fiber optics, telephone, microwave towers, water and sewage sites, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RADIOLOGICAL INCIDENT—FIXED FACILITY* Uncontrolled release of radioactive material at a licensed facility, i.e.; hospitals, laboratories, industrial facilities, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RADIOLOGICAL INCIDENT—TRANSPORTATION* Any incident involving the shipment of radiological materials.	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
	Highway: [] Yes [] No	Highway: [] Low [] Moderate [] High	Highway: [] Yes [] No	Highway: [] Yes [] No	Highway: [] Yes [] No
	Water: [] Yes [] No	Water: [] Low [] Moderate [] High	Water: [] Yes [] No	Water: [] Yes [] No	Water: [] Yes [] No
SUMMER STORM (SEVERE) A violent weather phenomenon producing high winds, heavy rains, lightning, and/or hail that causes injuries to people, damages/destroys property, crops, and livestock. (Include micro-bursts).	[] Yes [] No	[] Low [] Moderate [] High	[] Yes [] No	[] Yes [] No	[] Yes [] No
SUBSIDENCE Depressions, cracks, and sinkholes in the ground surface. Areas of high vulnerability are: active or abandoned underground mining sites, areas subject to other hazards which could trigger subsidence (i.e., earthquakes), and areas of extensive groundwater withdrawal.	[] Yes [] No	[] Low [] Moderate [] High	[] Yes [] No	[] Yes [] No	[] Yes [] No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
TORNADO A small radius cyclonic windstorm.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TRANSPORTATION INCIDENT—PASSENGER* An incident involving passenger air, rail, highway, or water modes of travel resulting in death or injury. Includes school busses, cruise ships, and ferries.	Air: Include areas within the flight paths of airports <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No
TRANSPORTATION INCIDENT—PASSENGER* (cont.)	Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Water: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Water: <input type="checkbox"/> Yes <input type="checkbox"/> No
URBAN FIRE* Uncontrolled burning in residential, commercial, industrial, or other properties in developed areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
WILDFIRE* Any instance of uncontrolled burning in grasslands, brush, or woodlands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WINTER STORM (SEVERE) Includes ice storm, blizzard, with extreme cold. Vulnerable areas would be subject to heavy snowfall, combined snow and high winds, and/or ice storms. Includes Coastal Storms and Northeasters.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER HAZARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER HAZARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER HAZARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER HAZARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME NOTE: All hazards marked by an asterisk (*) could be caused by a terrorist event.	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
OTHER HAZARD	[] Yes [] No	[] Low [] Moderate [] High	[] Yes [] No	[] Yes [] No	[] Yes [] No
OTHER HAZARD	[] Yes [] No	[] Low [] Moderate [] High	[] Yes [] No	[] Yes [] No	[] Yes [] No
OTHER HAZARD	[] Yes [] No	[] Low [] Moderate [] High	[] Yes [] No	[] Yes [] No	[] Yes [] No
OTHER HAZARD	[] Yes [] No	[] Low [] Moderate [] High	[] Yes [] No	[] Yes [] No	[] Yes [] No

What to Include in the Hazard Identification Report

A model is available from the County EMA Office either on computer disk or as a paper copy.

The Hazard ID Report is an attachment to the Basic Plan section of the Emergency Operation Plan (EOP). The Basic Plan serves as an introduction to the Functional Annexes.

All hazards which are designated “yes” in column 5 of the Hazard Identification and Rating Chart are assigned as your community’s significant hazards. These hazards must be identified in your Hazard Identification Report as the ones which will be considered when you create your EOP.

The Hazard ID Report will include:

- ! Signature Page for the Governing Board approval of the report
- ! Introduction—explains the purpose of the hazard assessment
- ! Methodology—explains how you came up with your list of significant hazards

- ! List of significant hazards
- ! List of the hazards evaluated that were determined by the team NOT to be significant for the jurisdiction
- ! A page for each significant hazard that includes:
 - a description of the hazard,
 - the situation in your community relative to this hazard,
 - the numbers and types of people who could be affected by the hazard,
 - an assessment of the special response considerations relative to the community’s ability to respond to this hazard,
 - resources needed to react to this hazard’s events, [and how to access them], and
 - a Hazard Area Map with Special Need Populations and Facilities identified.
- ! Conclusion—Narrative
- ! Demographics of your community

Additional assistance is available from the County EMA offices upon request.

**Local EMAs: Make a copy of this completed workbook and mail it to your
County EMA Office .**

**County EMAs: Send a copy of this completed workbook to:
Maine Emergency Management Agency
72 State House Station
Augusta, ME 04333-0072**

